

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516403

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3	2			1		
4	1			1		
5				1		
6	1			1		
7	1			1		
8	1			1		
9	1			1		
10	1	8		1		
11	1	8		1		
12	1		1			
13	1		1			
14	2		1			
15	2		1			
16	2		1			
17	1		1			
18	1		1			
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TOTAL IND.			2			
TOTAL DEP.			23			
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						